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Quality Assurance Policies and Procedures in Maritime Universities

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Quality Assurance Policies and Procedures in Maritime Universities

The Commission's Policy on Quality Assurance, released in 1999 and revised in 2005, defines the Commission's role in quality assurance. It is based on two major considerations. First, the policy recognizes that institutions are autonomous and responsible to their boards for designing and implementing quality programs for their clients. Second, the policy recognizes that stakeholders (governments, students, taxpayers, etc.) have a legitimate need for assurances about the quality and cost-effectiveness of institutional programs and services that they use and for which they help pay. To balance these two perspectives, the Commission designed its policy to bring together two major instruments: 1. an assessment of academic programs prior to implementation; and 2. a process to monitor institutional quality assurance policies and procedures.

When combined, both instruments ensure a continuum in terms of quality assurance: the program approval process provides assurances to government, students, employers and the public at large that programs designed by publicly funded institutions in the Maritimes meet established standards of quality prior to implementation; while the monitoring process provides assurances that Maritime institutions have effective quality assurance policies and procedures to ensure that programs, once implemented are reviewed internally and externally to provide continuous quality improvements. In addition, an institution quality assurance policy is expected to cover not only academic programs but also all services and functions designed to augment the "university" experience.

MPHEC, Policy on Quality Assurance (2005), pp.2-3

1. OVERVIEW

The Maritime Province's Higher Education Commission's (MPHEC) Quality Assurance Monitoring process was developed following extensive consultation with the region's institutions, governments and other stakeholders. It had, and retains, two distinct objectives. The first is to provide assurances to stakeholders and the general public, through the publication of a report, that Maritime universities are committed to offering quality programs and have suitable quality assurance policies and mechanisms in place. The second objective of the process is to assist the institutions in enhancing (or, in some cases, establishing) their quality assurance frameworks through a formative process that combines on-going dialogue and detailed advice, including recommendations and suggestions.

The overall monitoring process has now been completed for the universities within the Commission's scope. In so doing, substantial experience and knowledge with regard to effective quality assurance practices and procedures have been gathered. This report aims to:

- disseminate the information gathered over the course of the assessment process conducted with each university in the Maritimes to assist the institutions in enhancing their practices and procedures in this area; and,
- report on how the institutions in the region are meeting the standards set out by the Commission.

Institutions were, with very few exceptions, very receptive to the process, and challenged the Commission, and its Committee, to provide specific guidance on ways to enhance their current quality assurance practices as well as insight into the successes and challenges experienced by other universities in the region. This report is a response to this challenge.

At the end of the process, one conclusion clearly emerges: the monitoring process stimulated the region's universities to ensure they met the Commission's standards, which themselves were in keeping with national and international standards in quality assurance, even before the actual process with each institution began. Most institutions highlighted that the monitoring function had itself generated widespread reflection on their internal processes, as many developed a policy only in response to the Commission's monitoring process and impending assessment.

Maritime Universities are at various stages in the implementation of their quality assurance policies. In fact, they fall into three broad groups: those just beginning their first cycle of reviews, those who are fully into their first cycle and those into their second or third cycle.

This report presents elements essential to the design of successful quality assurance policies. The second part of the report offers an aggregate analysis of how institutions have fared in light of the Commission's standards identified in the MPHEC's 1999 *Guidelines for Institutional Quality Assurance Policies,* and also provides direction and suggestions to improve institutional practices in this area. Appendix A sets out in a table an aggregate overview of institutional policies as they existed at the time the monitoring process was underway; that is to say, it represents a snapshot at a specific time. While such a snapshot cannot account for the more recent evolution of institutional policies and practices, the data, when reviewed as a whole, will nonetheless provide the reader with a sound overview of Maritime universities' approach to quality assurance. Appendix B proposes changes to the MPHEC's 1999 *Guidelines for Institutional Quality Assurance Policies* that draw upon the knowledge gained during the monitoring process.

One final comment is in order. The focus of this report, like the Commission's focus in quality assurance, is directed to the student and to student learning. Both the Commission and its Quality Assurance Monitoring Committee are very aware that universities continue to discharge several essential functions, including research, scholarship, creative activity and knowledge translation, and that the performance of universities in these areas should also be subject to quality assurance assessment. However, for various reasons that include contemporary concerns of the public and the governments in the region, the Commission and its Monitoring Committee have chosen to focus in this first monitoring cycle on the student and student learning.

2. Guiding Principles and Characteristics of Successful and Effective Institutional Quality Assurance Frameworks

Each institution's approach to quality assurance will vary to reflect that institution: in particular, its mission and values, the range of its program offerings, the type of research activities it conducts, and the type of connection it maintains with its constituencies. At the same time, many of the core components of the institutions' approach to quality assurance will be the same regardless of these differences. In addition to the components common to all, as defined in the Commission's *Guidelines for Institutional Policies*, successful and effective quality assurance policies are guided by the following four fundamental principles:

- **The pursuit of continuous improvement**

  An effective quality assurance policy supports, and is supported by, a culture of quality improvement. An institutional culture supportive of quality assurance flourishes when the commitment to quality assurance is built and clearly demonstrated at every level of the university, from the unqualified public support, the authority of the university president and the leadership of the appropriate vice-president, to the administrative support provided to the managing unit or the unit under review. The commitment of faculty members to the quality of the educational process and to the processes through which this quality is both demonstrated and enhanced is absolutely essential; indeed, a focus on quality and quality improvement should permeate the entire institution. Assessment processes must be formative and founded on the notion that all programs and units can continually be improved, and therefore there is no substitute for their regular and rigorous review.

- **A focus on students and learning**

  The Commission, like most governments and stakeholders, is keenly interested in the quality of the student's learning and overall educational experience. Yet, traditionally, particularly in the area of quality assurance, there has tended to be a strong focus on resources (financial and human) and structure as opposed to the student's experience. An effective quality assurance framework requires a significant shift away from what is often called the input side of the analysis, so that the focus is on the learner and learning. It also follows from this focus that an effective quality assurance policy and framework will provide various opportunities for students to participate in the assessment process.

- **The necessity of encompassing all functions and units of an institution**

  The quality of an academic environment rests on the performance of not only the academic, but also the non-academic units and services. All functions and units must be governed by an institutional quality assurance policy in order that the entire student experience is considered.

- **Accountability and transparency**

  If the quality assurance processes are to be effective and not get mired in delays, accountability for every step of the process must be assigned to specific individuals or bodies, while accountability for the overall policy and process must rest with the highest level of the administration. Failure to assign responsibilities generally leads to inefficiencies at best, and at worse, to very long delays or lack of adequate follow-up after the review, which impairs the effectiveness of the individual process while breeding cynicism among those involved. Lack of clear follow-up was the principal complaint of faculty and students heard across the region by the Committee. This complaint also speaks to the urgent need for greater transparency and enhanced communication. Significant work is being done, yet the Committee found that in too many instances, only those most closely involved would be aware of it.

Effective quality assurance policies also share several common characteristics. In particular, they are:

- **Built on self-assessment:** Self-assessment is integral to successful quality assurance processes: it serves as an essential starting point for generating relevant information and engaging the unit or community in necessary dialogue. It provides an opportunity for a unit to step back and to reflect on its strengths and weaknesses, identify gaps and develop a plan of action towards improvement. The Committee found that when this initial work is not done well, the entire review process tends to be fraught with challenges. That can jeopardize the effectiveness and efficiency of the whole process.

- **Systematic and conducted at regular intervals:** A successful quality assurance process requires that it be systematic, universally implemented across an institution, and conducted at regular intervals. Reviews have been fairly *ad hoc* and opportunistic in most universities across the region. A cultural shift is required, and has begun in many institutions, to see reviews as a necessary, ongoing and systematic process. The Committee found that when reviews do not occur systematically, a university can stigmatize the unit under review – reviews are perceived to occur largely because there is a problem that needs correction – and jeopardize the formative and developmental value of reviews. Conversely, the Committee found that systematic and regular assessment leads to a less onerous process overall, and is much more likely to become seen as a regular part of conducting business, and therefore not as threatening or futile.

- **Fully documented and broadly communicated:** Clearly stated expectations and anticipated outcomes are essential components of an open and transparent quality assurance policy and process and of their effective implementation. These characteristics play a significant role in sustaining a climate supportive of quality assurance. The Monitoring Committee often recommended that a university better document and communicate its policies, practices, and procedures as well as the results of reviews and other quality assurance activities. It found that lack of documentation and communication resulted in delays, lack of consistency between reviews, and frustration among staff and faculty. Clearly defined quality assurance practices and procedures that are fully documented and widely communicated go a long way towards (1) minimising discrepancies between what a university thinks happens, what actually happens, and what a university would like to happen; and (2) communicating to the public that universities are committed to providing quality programs and university experience for students.

- **Linked to decision-making** and, in particular, to decisions related to budgeting and the improvement of a unit, program, or service. Decisions and recommendations arising from a review should not be limited to increasing or decreasing faculty or staff positions or resources, but should also encompass changing current practices and procedures. Results of individual reviews should ideally be considered in the context of a university's entire operation as opposed to in isolation.

- **Timely:** A successful quality assurance policy should promote continuous quality improvements. This standard cannot be achieved when significant delays are experienced in a policy's implementation. A review, or any other quality assurance activity, once started, must be completed in a timely manner, timelines must be enforced, and schedules adhered to.

3. Maritime Universities and the MPHEC's 1999 Guidelines for Institutional Quality Assurance Policy

In 1999, the Commission released its first *Guidelines for Institutional Quality Assurance Policies.* "The aim of these guidelines was to assist the institutions in establishing or improving their policies and processes and to support the Commission when assessing the policies and processes in place" *(MPHEC Policy on Quality Assurance, "Purpose of the Guidelines").* The evidence gathered through the first cycle of the monitoring process clearly demonstrates that these guidelines remain as relevant as they were a decade ago. This section of the report follows the organization of the 1999 Guidelines. It explores the extent to which institutions are meeting each essential element identified in 1999 (as highlighted in text boxes), while ways to enhance the standard or its application are identified, drawing on the experience of institutions as documented through the monitoring process.

Focus and Objective of the Institutional Quality Assurance Policy

> ***Focus of the Institutional Quality Assurance Policy***
>
> An institutional quality assurance policy should reflect the institution's mission and values. All institutions should have a quality assurance policy in place.
>
> A quality assurance policy should focus on units (academic and other) and/or on programs (or groups of programs). The policy should include provisions to cover all the functions and units of the institution (research, administration, community service, etc.).
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section II*

Most universities, when the monitoring process was launched with each of them, did not have a quality assurance policy. This is not to say, however, that the universities were not concerned with quality or its assessment. Since as early as the mid-80s or the early 90s many institutions in the region have carried out some form of periodic review: that is to say, the review or assessment of a unit or program arranged and undertaken at, and in, a defined period of time. While the details may differ from university to university, periodic reviews generally involve a self-assessment by the unit under review, followed by a site visit carried out by two experts external to the institution, submission of an external review report including recommendations for improvements, a formal response by the unit under review, and a follow-up process by senior administration to ascertain progress in implementing recommendations from a review. Normally, a program or unit is reviewed once during a five- to ten-year cycle.

So while most universities did not have a quality assurance policy *per se*, most had documented some elements of the assessment process they were conducting. The review process at most universities is focused on reviewing a unit, as opposed to an individual program or group of programs, and it generally only involves academic components. However, universities have recently begun to expand the review process to include non-academic units. Some institutions in the region have fully integrated non-academic units into the review process, while others have created a separate policy to assist in their assessment.

The practice of quality assurance should, of course, entail more than periodic program reviews. As noted by universities across the region, universities engage in a number of other activities that contribute to quality assurance, such as student evaluation of courses and teaching,

strategic planning activities (at the university and department level), teaching dossiers, annual faculty assessments, annual reporting by programs and units, and participation in national surveys designed to collect data on a number of student and graduate outcomes. These types of activities are essential to making ongoing quality improvements.

All activities that promote quality assurance should be documented in a university's quality assurance policy. A comprehensive policy allows a university to articulate in a single document its values, goals and objectives in the area of quality assurance as well as the activities that enable it to meet these goals and objectives. It helps to ensure that there is a common terminology to support quality assurance, and that activities related to quality assurance are carried out consistently across programs, services, or units over time. It facilitates communication and dialogue, and ultimately ensures an effective process.

A quality assurance policy should define the link between quality assurance and a university's strategy or academic plan and reflect the university's mission and values. It should describe the various review processes (academic and non-academic) and other related quality assurance activities, and include the lines of accountability and responsibility as well as timelines for key steps of each process. In cases where a university's degrees are awarded jointly with another university (such as University of King's College and Nova Scotia Agricultural College), it is imperative that the relationship between both institutions, as well as the extent to which the programs are subject to the review processes of the partner institution, be clearly outlined within the policy.

A university should not rely on other policies or documents (such as collective agreements or accreditation requirements) to define its quality assurance policy, process or activity. The intention is not to duplicate information already housed elsewhere or processes conducted under other auspices. Rather, the institution's policy ought to affirm the university's primacy in the area of quality assurance over its entire range of activities. Relevant policies and documents can be appended or referenced. Templates for the preparation of the self-study, terms of reference for external reviewers, and terms of reference for relevant committee(s) should also be appended to the policy to ensure that they are readily available to the primary users of the policy.

The Commission's intention was that universities have a quality assurance policy that covers all the functions and units of the institution; however, the 1999 Guidelines focused on the quality of programs, services, or units that directly relate to the student experience. As a result, the 1999 Guidelines were silent in terms of specific directives to the universities as how to they were to ensure the quality of administrative units not directly related to students, such as units responsible for research and development, facilities, and international development. The Monitoring Committee too focused much of its analysis of quality assurance on dimensions relating directly to students. Notwithstanding this history, quality assurance should apply to the full spectrum of a student's university experience as well as to all administrative activities of the university, and so the review process should apply to academic programs, libraries, student services, the Office of the Registrar, athletics, physical plant, IT services, research and development, and community service.

Objective of the Institutional Quality Assurance Policy

The institutional policy's objectives should be, at a minimum, to improve the quality of programs and to ensure that stated student outcomes can be realized. The purpose of the assessment itself should be to answer the following two questions: first "How well is the unit or the program achieving what it set out to accomplish?", and second "Is it doing what it should be doing?".

MPHEC Policy on Quality Assurance
Guidelines for Institutional Quality Assurance Policies, Section III

While most universities have a review process designed to improve the quality of programs, few have defined the process in terms of assessing the extent to which stated student outcomes can be met.

The review process at most institutions has been faculty-centred and focussed on assessing inputs such as the number of faculty, available space, equipment, laboratories, and funding. In the past decade, the emphasis has begun to shift to students and assessing learning outcomes. The assessment process should focus on both inputs and outputs as each contribute to the quality of a program, and assess the student's experience.

While most academic programs and non-academic services continue to focus on fiscal and resource inputs, one notable exception concerns accredited programs, which have more easily made the transition from faculty inputs to learning outcomes in order to meet the demands of professional accrediting bodies. Notwithstanding the debate that surrounds the assessment of outcomes, the emerging literature and research on assessment of outcomes now encourages institutions to use this activity as a quality assurance tool, to determine the status of student learning. As quality assurance is effectively institutionalized, both students and the community will expect that assessment of student outcomes will become part of any broad quality assurance initiative. Such an activity will undoubtedly build public confidence in the institution and transform campus culture to foster a stronger sense of collegiality and more inclusion of students in the learning process.

The assessment of student outcomes requires a review process that assesses each program. A focus on the program level also facilitates the review of interdisciplinary programs, which are generally best reviewed at the program level. Indeed, several coordinators of interdisciplinary programs noted how challenging it was to engage other departments whose role in the program is for the most part limited to providing a small selection of courses. Similarly, such a focus facilitates the review of articulated programs that are offered in part by the university and in part by a partner institution. As the institution awarding the degree, the university is ultimately responsible for the quality of the program. The University and its partner institution must assume shared responsibilities and develop an integrated approach to the delivery and review of articulated programs. To this end, an inter-institutional coordinating committee with clear terms of reference should be established, as identified in the Commission's Guidelines for the submission of a proposal for an articulated program.

Components of an Institutional Quality Assurance Policy

> An institutional quality assurance policy should identify the coordinating or administration unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administration structure, and be accountable to the institution's leaders.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Most institutions have located responsibility for the overall management of the quality assurance process with the vice-president academic. Clearly, the long-term effectiveness of a quality assurance policy requires a solid administrative framework, characterized by the following:

- Unqualified and visible support of the university president;
- Oversight by the appropriate vice-president (for example, Vice-President Academic for reviews related to academics and the Vice-President Administration for reviews related to administration);
- Engagement of Senate - As the senior academic body, Senate should receive for consideration all academic reviews as well as, at a minimum, an annual report on any non-academic reviews as a way to provide context for academic issues;
- Appropriate responsibility assigned to frontline administrators. Deans and unit heads are too often practically absent from the review process across the region, when they should be driving the process and be responsible for follow-up in the units that report to them. Formally involving frontline administrators helps to avoid delays in the process and loss of momentum, particularly when the vice-president academic or administration position is newly filled or vacant. It should also improve communications, strengthen the review process, and lead to increased opportunities to cultivate a culture of quality assurance and for continuous quality improvements across the institution;
- Appropriate professional (coordinator, manager) and administrative support. Lack of dedicated staff was identified time and time again as a significant factor to explain delays in the process; and
- A senior university committee with the authority to review all reports related to quality assurance and reviews.

Key Assessment Criteria

An institutional quality assurance policy should define the assessment criteria.

The assessment procedures and criteria should be student-centred, and reflect institutional mission and values. The assessment criteria should be comprehensive (i.e., to include all program and units) and address the following elements:

1. Assess intended and delivered curriculum;
2. Review teaching practices;
3. Clarify the expected outcomes for students;
4. Examine the degree to which those outcomes are realized;
5. Evaluate the appropriateness of support provided to students;
6. Appraise the research carried out by the academic unit or by faculty involved in the reviewed program;
7. Value the contribution of the unit or program to other aspects of the institutional mission (community service, for example); and
8. Value the contribution of the unit or program to the larger community or society in general.

MPHEC Policy on Quality Assurance
Guidelines for Institutional Quality Assurance Policies, Section IV and V

Universities in the region have generally not identified the criteria against which a program, service or unit under review will be measured. Most universities have identified the information that is to be contained in a self-study, and these information requirements tend to be faculty-centred and focussed on assessing resources rather than student-centred and focused on assessing teaching practices, intended and delivered curriculum, or student outcomes.

Clear assessment criteria, known and understood by faculty, staff, students, and senior administration alike, are essential for ensuring an effective review process. Universities should define and document the criteria to be used in measuring the progress of a unit, program or service under review, as well as how the results of this review inform decision-making *(e.g.* budget, planning, and priority setting) within a university. The assessment criteria should provide measures that go beyond the allocation of resources (such as faculty performance, organizational structure) and inform decisions related to the improvement of academic offerings. These criteria should be student-centred and address teaching practices, intended and delivered curriculum, support provided to students, student outcomes and the contribution of a unit to the institutional mission and the larger community and society in general. They should also include an assessment of a unit's research and scholarship activities as these have a significant impact on the quality of academic programs and teaching. In this context, assessment of research should move beyond listing research outputs to evaluating qualitatively how research enhances teaching within the context of an individual department and a university as a whole.

> An institutional quality assurance policy should require a self-study component, usually involving faculty and students participating in the program or unit. The self-study should be student-centred as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section VI*

All universities have a review process that requires a self-study component, involving faculty and students participating in the program or unit. However, most self-study guidelines are not student-centred. The monitoring process yielded two other main observations: that self-studies tend to be more descriptive than analytical, and that universities tend to make the self-study into more work than is required.

A successful review process depends on the quality of the self-study and the timeliness of its submission. Overall, the quality of the self-study is a significant determinant of the quality of the overall process. If a unit under review is unable to complete a good self-study in a timely way, the unit can become, at the very least, frustrated with the review process. Indeed, the Monitoring Committee met with faculty across the region who described the self-study process as daunting and time-consuming, though most agreed that the process was ultimately of value. Lack of accessible and reliable data and information to support the preparation of a self-study was also frequently raised as a cause of delay. Many self-study guidelines developed by universities across the region seemed to suggest a major research project without giving a sufficiently clear indication of a self-study's design, scope, scale, and format.

To facilitate the timely completion and quality of a self-study, a university should:

- **Supply a self-study template:** An effective self-study is both descriptive and analytical. It should begin with a brief description of essential facts about the unit, program or service, followed by a synopsis of what has been done since the last review. The main focus should be on analysing the strengths and weaknesses, challenges and opportunities of the unit, program or service, and include a plan for future years. All non-essential information should be housed within appendices. The template should include a checklist of what to include in the body of the report and what to include as appendices. It should be general enough to be relevant across areas, with a certain amount of flexibility built-in so that it can be adapted to the needs and circumstances of a particular unit, program or service. It might also include a list of questions a unit should consider as it prepares its self-study while making it clear that a unit is not required to answer each one. Units under review should be provided with an example of a completed self-study as a guide.

- **Make the self-study student-centred:** Most self-studies, and self-study guidelines, tend to focus on collecting information on faculty and staff resources, equipment, physical space, and financial resources and much less on information pertaining to the student experience and quality of teaching and learning. It is therefore not surprising that universities across the region complain that self-studies and external reviews have tended to focus more on the allocation of resources and less on improving the student experience. Most universities need to shift the focus from collecting information on resources to collecting information related to the improvement of the student experience and academic offerings. A promising approach to address this challenge used by one

university in the region was to highlight in its policy that it should be a given that every unit would be able to offer students more supports, choices, services and research with additional staff or faculty, and therefore arguments for new resources should be accompanied by strong evidence that new resources are needed to deliver the current program, supports and services.

- **Provide guidance and support.** These can take several forms:
  - Easing the access to reliable data and information through establishing an office or by coordinating the present reporting activities of different offices (including registrars, student services, financial office, alumni). This would give faculty, staff and administrators ready access to a number of data sources in order to prepare self-studies, or respond to requests from external reviewers. This office should go beyond providing data to defining the parameters (e.g. format, definitions, over how many years) for presenting the data to ensure that data are comparable across faculties and over time. All of this, as well as where faculty and staff can access data, should be documented. Some universities have made significant progress in this area, by developing standard definitions of key measures and/or by establishing an institutional research office.
  - Providing (additional) administrative support to assist units (and their designated self-study writer) in collating data and information, typing, editing and proofreading.
  - Ensuring that the review process generally, and the self-study component in particular, is not conducted solely on an overload basis, for example, by allocating time relief to prepare the self-study.

> When and where appropriate, the results of accreditation may be included and/or substituted for the self-study and/or external review, or a portion thereof.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

In the case of accredited programs, many universities substitute the accreditation process for the university's *entire* assessment process. However, it is the university that must ultimately be responsible for the quality of its accredited programs and not the accreditation body, as each pursues different objectives. Accreditation bodies tend to have a narrower mandate aimed at assessing whether a student graduates from the program ready to participate in the profession; they usually do not assess programs within the context of an individual university. Universities, on the other hand, are concerned with assessing a student's experience during the program and within the context of the university. As such, the accreditation process cannot be used as a substitute for a university's internal review process. Universities should therefore articulate and document the review process for accredited programs. While the accreditation process should not replace the internal review process, it is important that efforts not be duplicated. Work done for an accreditation review should be the starting point for the review process, and should follow closely on the heels of the former. Where appropriate, inputs should be combined and the timing of both processes aligned to reduce redundancy.

> An institutional quality assurance policy should entail an external review component, usually carried out by two experts external to the institution.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Universities generally include an external review, usually carried out by two experts external to the institution, as part of the review process.

While self-assessment is a necessary first step to program review, the external review is an essential next step. External reviewers, who are usually recognised scholars, prepare an independent and impartial report based on the self-study prepared by the unit under review, a site visit, and their expertise in the field and knowledge of similar programs elsewhere. Generally, they are asked to assess a unit, program or unit's resources (human, physical and technological), program content, structure, and requirements as well as student learning outcomes and supports to students, in relation to the normally accepted and expected standards of a similar unit or program in Canada and elsewhere. A number of good practices to facilitate a quality external review have emerged through the monitoring process including:

- **A defined nomination and appointment process** for external reviewers including selection criteria (e.g. academic, administration and professional qualifications, conflict of interest) to ensure that suitable candidates are nominated and selected.

- **Standardized Terms of Reference for external reviewers** in order to clarify expectations, standardize the process and to facilitate the work of the external reviewers. A template ensures that common elements are reviewed across time and units, programs or services; at the same time, it should be sufficiently flexible to allow modifications or additions that reflect the needs/circumstances of a particular program, service, unit or review.

- **A requirement of two external reviewers, as stipulated by the Guidelines, but with at least one coming from outside Atlantic Canada.** Benefits here include timely submission of the report and a broader perspective and scope of expertise, while reducing perceived or possible conflict of interest. Institutions might also consider requiring the review team to submit a joint report, except in cases where there are opposing opinions. The pool of competent, independent, knowledgeable and available reviewers in Canada is limited, and it may be challenging to hire two completely independent reviewers; where appropriate, institutions should expand their search area beyond Canada.

- **Having the review team meet** with students, support staff, faculty or staff, faculty or staff in other units (particularly those whose programs depend on service courses delivered by the unit under review), professional groups and interested members of the general public.

- **A sufficiently long site visit** to allow time for the review team to meet with all parties, to develop the outline for their report, and obtain answers to follow-up questions.

> An institutional quality assurance policy should:
>
> - Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit), and
> - Enable the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Universities in the region usually do not require the participation of faculty who are not directly involved in the reviewed program, though there are notable exceptions; and while many universities suggest the participation of the wider network of stakeholders on paper, they often do not in practice, arguing that this group can often be difficult and costly to engage.

Notwithstanding the challenges inherent in this task, a university should make a concerted effort to involve a wider network of stakeholders in the process. A successful quality assurance process requires the participation of the entire university community (including faculty, staff, students, and faculty not directly involved in the program under review) and the wider network of stakeholders (such as employers, graduates, professional associations, and the local community), both in terms of seeking their input and of communicating information to them.

Promoting the purpose and value of quality assurance as well as the results of, and follow-up to, reviews to the university community, government and the general public is a vital element in the success of a quality assurance policy. In order to engage the immediate community in the process, significant changes from a review (whether done by the university or an accrediting body) must be clearly identified and communicated. The President should communicate the value of quality assurance. In addition, deans or unit heads play a key role in communicating the results of quality assurance. As outlined at the outset of this document, an effective approach to quality assurance requires commitment and accountability, both of which are demonstrated and sustained through the engagement of the wider community. Promotion requires a sound communication strategy to inform the university community, government, and general public that a university is focusing on providing quality programs and services to its students, and gives increased confidence in the quality of a university's programs. For example, a university could communicate information in the form of a press release.

Educational activities should also be included in the communication strategy. For example, a university could host a workshop for faculty, staff and heads of units to educate them about the policy, its objectives, assessment criteria, and follow-up processes, with particular emphasis on the benefits of the policy to faculty, staff, a unit, and the university in general. A workshop also provides a good opportunity for administrators to work with individual units to identify ways to facilitate the preparation of a self-study and to learn what can be done to minimize the burden on those undergoing accreditation reviews.

Another effective way to build faculty and staff support is to make the process more transparent by:

- Having the appropriate vice-president and relevant dean or unit head meet with faculty, staff, and students to clarify expectations prior to launching the review process;

- Inviting the head of a unit to the committee meeting where the findings of its review are being discussed; and

- Posting on-line minutes of the quality assurance committee meetings as well as their reports.

The satisfaction and support of faculty and staff influences the quality of programs and services provided. Some institutions also systematically seek the input of graduates in the review process, normally through a targeted survey.

External reviewers benefit greatly from having access to a faculty member, preferably a senior person, not directly involved in the reviewed program (or discipline or unit), who can provide an internal perspective on the university and assist in finding information; this person can also help to clarify the recommendations made in the report to the university once the external review team has completed its task. One university includes a member of the board of governors on the review team as well as two members chosen from the university community (one representing a closely related discipline or area, and the other representing the university-at-large) which represents an interesting means to providing the external reviewers with the local context, and ensuring that the reviewers' report is relevant and understood by the community.

Implicit in the MPHEC's 1999 *Guidelines for institutional Quality Assurance Policies* is the notion that student input is a key measure of the quality of a university's academic programs, faculty, staff, support services and the overall university experience. However, the monitoring process clearly demonstrated that students are, at best, at the periphery of the assessment process. When students were asked to describe their university's quality assurance practices, most identified student evaluations of courses as the main and even only tool used by universities to monitor quality, with most being unaware of other assessment processes. In a few cases, students expressed doubt that such other processes were indeed carried out. Students are generally sceptical about the student evaluation process: they believe that their opinions, while solicited, are most often ignored. To some extent this is understandable as students graduate and move on before any action resulting from their opinion becomes evident.

There are several instances across the region where faculty members have access to students' handwritten evaluations. Where this is the case, universities should find a way to terminate this practice as it undoubtedly, as noted by the students during the site visit, influences whether some students will provide any comments or, when comments are provided, the quality of these comments. Students clearly stated that they are wary that faculty will be able to identify which students made which comments based on handwriting recognition. This practice also adds to students' scepticism about the student evaluation process. To address this concern, many universities provide faculty only transcribed comments.

Several universities use different student course evaluation forms across courses, programs and units, a practice that can be hard to manage and makes it difficult to compare data across units, programs, courses and services. Universities ought to create a common student evaluation form to be used for all courses or services; faculty or staff could then opt to add two to three targeted questions, as required.

One promising approach to obtain student input has been developed by one university. To collect student input, fourth year students develop a list of questions, moderate a focus group in a core class in each year of the program, and then prepare a final report.
Other ways to strengthen student input include:

- Informing incoming student union representatives that the university values and uses student opinions;
- Expanding collection of student input to cover the entire university experience and not just courses;
- Providing aggregate results of student evaluations to external reviewers;
- Giving students access to aggregate results of evaluations;
- Scheduling site visits when most students are on campus (during the fall and winter semester as opposed to the summer months, for example);
- Carrying out student evaluations in the first, rather than last, 15 minutes of class;
- Making student evaluations mandatory in all courses; and
- Including a student member on all committees. One university sends a standard email to all students informing them of the opportunity to sit on committees. This practice has resulted in increased student membership.

> An institutional quality assurance policy should include appropriate mechanisms that are at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Follow-up clearly emerged as one of the two weakest components of most universities' quality assurance processes, along with timeliness. While the primary outcome – program quality improvement - may have occurred, there was generally insufficient formal follow-up and documentation to make this connection.

In addition to institutional commitment and a supportive administrative framework, clearly defined lines of accountability are essential for a successful quality assurance policy. In order to garner support from the university community, a review process must be seen as accountable – particularly in terms of follow-up. When there is no follow-up to a review and its recommendations, a university undermines the perceived value of the review process in the eyes of those whose buy-in is most crucial to a successful quality assurance policy – faculty and staff. Faculty across the region have described the review process as ending with the filing of the reviewer's report. As a result, many faculty are cynical about the review process. It is interesting to note that this cynicism was not voiced by staff involved in non-academic reviews, perhaps because this group is relatively new to the process and so has not yet been discouraged.

To facilitate the follow-up process, a senior officer of the university with appropriate authority (such as a dean or unit head) should be designated to:

- **Document the follow-up process** within its quality assurance policy, including clearly defined timelines and responsibilities;

- **Monitor the progress** of a unit for two years following the submission of a review report since a review often requires more than one year to implement. One university developed an excel sheet to track follow-up following a review that is regularly updated by Senate. The Committee finds this is a simple yet effective way to facilitate accountability; and

- **Report annually to Senate** to highlight the review process, outcomes and follow-up actions.

> An institutional quality assurance policy should establish the assessment cycle, which should not exceed seven years.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Most universities in the region have undertaken reviews since the mid-80s or early 90s, although most were done in an *ad hoc* fashion, often in response to a crisis or an emerging issue.

Quality assurance is best served when reviews are conducted every five to seven years. Most universities now have in place a systematic review process, with most establishing an assessment cycle of seven or eight years, with some opting for a ten-year cycle and a few opting for a five-year cycle.

Some universities are exploring what appears to be a promising approach by implementing an annual or interim (mid-cycle) review process to promote ongoing quality assurance between reviews. These interim processes, if they are well-aligned with the larger assessment process, substantive enough to ensure an on-going focus on quality improvement, and sufficiently scaled down to be effective, appear very promising, and have the potential to reduce the work required from the unit under review when the regular assessment process is undertaken as data will have been gathered and a solid foundation will already have been built at the time of the larger assessment process.

A successful quality assurance policy should promote continuous quality improvements, a purpose which is compromised when a review cycle extends past five to seven years. The interval between reviews should ideally be five years and seven at most. A shorter interval fosters a university community's confidence in the credibility and overall effectiveness of the process. In addition, reviews conducted more closely to one another lead to a less onerous process as one review can easily build on the previous one; as a result, the self-study becomes an exercise in updating what has changed since the last review as opposed to starting from scratch. To ensure the success of a five-year review cycle, an institution must make a concerted effort to ensure that the review schedule is adhered to by the unit, program or service under review, and that the process is adequately supported. The suggestions included in this report should enable a university to achieve a five-year review schedule.

Delays in the review process can create the impression that quality assurance is not a priority, and risk-undermining the effectiveness of the overall review process and eroding the confidence of the university community. The Monitoring Committee observed several instances where overall respect for the policy was threatened and even diminished, and so compliance was harder to achieve, when senior administration were not seen to respond, constructively but firmly, to any delays in compliance and not to take appropriate steps to implement the policy. The following mechanisms should facilitate adherence to timelines and ensure that any delays in reviews are quickly identified and addressed:

- Establishing a review schedule so that any individual process, from the preparation of the self-study through to Senate approval of recommendations, does not extend past 12 months and enables the self-study to be prepared over the summer months;

- Distributing a schedule of reviews planned for the next five years to all unit heads to allow units to prepare for a review, and administration to plan more effectively the overall review process and allocation of resources to support the process;

- Sending reminders periodically to units under review to confirm that the self-study is progressing as planned or to units about to undergo a review to ensure appropriate planning;

- Imposing strict timelines and having administration respond, constructively but firmly, to any delays or compliance issues (extensions should be exceptional and not longer than six months);

- Working with units to identify what type of support can be provided to facilitate completion of the self-study; and

- Inviting the head of a unit under review to attend parts of meetings where its review will be discussed by the quality assurance committee, so that questions about a unit, program or service and/or its review can be quickly and easily addressed.

The Monitoring Committee acknowledges that it too has struggled with the issue of timeliness: the first cycle of the monitoring process has spanned a ten-year period. Delays were, for the most part, due to insufficient staff resources to support the Committee, delays in universities submitting their institutional report, and challenges scheduling a date for the Committee site visit where all required participants could be available to meet with the Committee-- all of these factors, of course, providing a clear demonstration of the challenges the universities face regularly in this area. The Committee does note that, once sufficient (Commission) staff resources were allocated to the process, and once the participating universities were more engaged in the process, many of the delays previously encountered were eliminated. This is raised to acknowledge the challenges inherent in this type of activity, and that when there is a clear commitment, enhanced communication, and a supportive administrative framework, many are addressed.

> Newly established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Very few Maritime universities formally require that newly established programs or units be reviewed once fully implemented, and, indeed, based on the evidence gathered, none of these had actually implemented this requirement.

The introduction of new programs greatly increases the institution's responsibility to ensure that they are successful. One cannot rest on the notion that past successes are the guarantor of future successes. Ideally a program, service or unit should be assessed once implemented (or its first cohort has graduated), since a new program, service or unit often evolves (in terms of design and resources) over the course of its implementation. A review of new programs, services or units would also align an institution's processes with the Commission's requirement that any program it approves be reviewed once fully implemented. It should be noted that a move towards a five-year review cycle would normally enable institutions to meet this guideline without requiring special reviews.

> An institutional quality assurance policy should include a provision to review the policy periodically.
>
> MPHEC Policy on Quality Assurance
> *Guidelines for Institutional Quality Assurance Policies, Section IV*

Most institutions do not include a provision to review the policy itself, an essential step to determine whether the policy is meeting the anticipated objectives and outcomes, to identify the policy's strengths and weaknesses, to implement improvements, and to ensure the policy's continued relevance. The evaluation process should seek the input of faculty, staff, students, administrators and external reviewers. The most appropriate timeframe to perform this review is at the end of each cycle, and the result of the review of the policy should be tabled with Senate.

4. Conclusion

This report represents the culmination of the first phase of the Commission's monitoring process. It is meant to provide institutions with a set of practices that emerged as essential to effective quality assurance. By further refining the Commission's 1999 *Guidelines for Institutional Quality Assurance Policies*, Maritime universities can build upon the work that is being done in the region.

APPENDIX A

Quality Assurance Policies and Procedures in the 16 Maritime Universities: Aggregated Data Collected by the Committee at the Time of Each Institutional Assessment

How to Read the Table

This document provides an aggregate overview of how Maritime universities fared in light of the Commission's standards as outlined in its 1999 Guidelines for Institutional Quality Assurance Policies. The first cycle of the monitoring process took place between 2001 and 2009, with assessment reports first published in 2003. At the time this table was prepared, eight of the 16 universities had submitted their follow-up action plan detailing their progress in addressing the recommendations resulting from the monitoring process; as a result, information pertaining to any follow-ups submitted to the Commission have not been included in the table. Instead, an additional table will be published following the receipt of each of the remaining universities' follow-up action plans; these are expected to be submitted over the next twelve-month period.

The information included in this table reflects the state of the quality assurance policies and practices of the universities in the Maritimes at the time of each institutional assessment and is based on written documentation as submitted by each university including the institutional report prepared by the university at the outset of the process, and additional documents received during the site visit or requested by the Committee as part of its assessment. It is worth noting that in the sections of the table where the Guidelines refer to the institutional policy including a very *procedure-based* aspect, the Committee has accepted procedures conducted by the university, regardless of whether they have been outlined in their policy as a requirement (i.e. marked as "fully meets" the guideline in the table). This has been done to provide a more accurate depiction of the quality-related institutional practices in Maritimes universities, rather than ignoring efforts being made if not formalized in a policy.

Quality Assurance Policies and Procedures in the 16 Maritime Universities: Aggregated Data Collected by the Committee at the Time of Each Institutional Assessment[1]

Commission Guidelines	Fully Meets	Partially Meets	Does Not Meet
All institutions should have a quality assurance policy in place.	11		5
An institutional quality assurance policy should reflect the institution's mission and values.	11		5
A quality assurance policy should focus on units (academic and other) and/or on programs (or groups of programs).	1 (unit and program level) 8 (unit level) 4 (program level)	3	
The policy should include provisions to cover all of the functions and units of the institution (research, administration, community service, etc.).	4		12 [2]
The institutional policy's *objectives* should be, at a minimum, to (1) improve the quality of programs, and to (2) ensure that stated student outcomes can be realized.	(1) 13 (2) 3		(1) 3 (2) 13
An institutional quality assurance policy should identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.	11		5
An institutional quality assurance policy should define the assessment criteria. The assessment procedures and criteria should be student-centered, and reflect institutional mission and values.	4		12
The assessment criteria should be comprehensive (i.e., include all programs and units) and address the following elements:			
1. Assess intended and delivered curriculum;	7		9
2. Review teaching practices;	10		6
3. Clarify the expected outcomes for students;	7		9
4. Examine the degree to which those outcomes are realized;	4		12
5. Evaluate the appropriateness of support provided to students;	7		9
6. Appraise the research carried out by the academic unit or by faculty involved in the reviewed program;	13		3
7. Value the contribution of the unit or program to other aspects of the institutional mission (community service, for example); and	12		4
8. Value the contribution of the unit or program to the larger community or society in general.	13		3
An institutional quality assurance policy should require a self-study component, usually involving faculty and students participating in the program or unit.	16 [3]		
The self-study should be student-centered as it would aim, in most cases, to assess the quality of learning.	6		10
The self-study should be structured according to the [institution's] defined assessment procedures criteria.	3		13
An institutional quality assurance policy should entail an external review component, usually carried out by two experts external to the institution.	16 [4]		
An institutional quality assurance policy should incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).	12		4
An institutional quality assurance policy should enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.	10		6
An institutional quality assurance policy should include appropriate mechanisms, that is, at a minimum the procedures and areas of responsibility to ensure a proper follow up to the assessment.	14		2
An institutional quality assurance policy should establish the assessment cycle, which should not exceed seven years.	9		7
Newly-established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.	3	1	12
An institutional quality assurance policy should include a provision to review the policy periodically.	3		13

1. Data presented were gathered from 2003-2009, depending on the time of the Committee's Assessment of the University
2. Few institutions covered more than academic units
3. While not all institutions had a policy, all were doing some sort of reviews requiring a self-study component (generally covered academic units only). These may have been ad hoc, sporadic or more systematically conducted.
4. While not all institutions had a policy, all were including an external review component in reviews that were conducted (generally covered academic units only). These external reviews may have been ad hoc, sporadic or more systematically organized.

APPENDIX B

GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES
(AS IN THE MPHEC QUALITY ASSURANCE POLICY [1999])

I. PURPOSE OF THE GUIDELINES

The aim of these guidelines is to assist the institutions in establishing or improving their policies and processes and to support the Commission when assessing the policies and processes in place.

II. FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

An institutional quality assurance policy should reflect the institution's mission and values. All institutions should have a quality assurance policy in place. A quality assurance policy should focus on units (academic and other) and/or on programs (or groups of programs). The policy should include provisions to cover all the functions and units of the institution (research, administration, community service, etc.).

III. OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

The institutional policy's objectives should be, at a minimum, to improve the quality of programs and to ensure that stated student outcomes can be realized.

The purpose of the assessment itself should be to answer the following two questions: first, "How well is the unit or the program achieving what it set out to accomplish?", and second, "Is it doing what it should be doing?"

IV. COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

In addition to reflecting institutional mission and values, the institutional quality assurance policy should be comprehensive and apply to all programs and units. It should also, at a minimum, address the following elements:

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.

STANDARDS FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES*
(PROPOSED CHANGES)

I. PURPOSE OF THE STANDARDS

The aim of these *standards* is to assist institutions in establishing or improving their policies and processes and to support the Commission when assessing the policies and processes in place.

II. GUIDING PRINCIPLES

All institutions should have a quality assurance policy documented and implemented.

A successful institutional quality assurance policy is guided by:

- *The pursuit of continuous improvement*
- *A focus on learning*
- *The necessity of encompassing all functions and units of an institution*
- *Accountability and transparency*

III. FOCUS OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

An institutional quality assurance policy reflects the institution's mission and values, *and accounts for the full range of its offerings and activities. It is linked to the institution's strategic and other plans.* The policy includes provisions to cover all of the functions and units of the institution (research, administration, community service, etc.) *and applies to the full spectrum of a student's university experience.*

IV. OBJECTIVE OF THE INSTITUTIONAL QUALITY ASSURANCE POLICY

The institutional policy's objectives are, at a minimum, to improve the quality of programs and to ensure that stated student outcomes can be realized.

The purpose of each assessment is to answer the following two questions: first, "How well is the unit or the program achieving what it set out to accomplish?" and second, "Is it doing what it should be doing?" *In so doing, it should examine both inputs and outputs.*

V. COMPONENTS OF AN INSTITUTIONAL QUALITY ASSURANCE POLICY

In addition to reflecting the institutional mission and values, an *effective* institutional quality assurance policy is comprehensive and applies to all programs and units. It would also, at a minimum:

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon *(e.g. vice-president)* of the institution's administrative structure, and be accountable to the institution's leaders *(e.g. President and Senate, and Board.)*

* Significant proposed changes are in *red italics*

2. Define the assessment criteria (see section V).
3. Require a self-study component, usually involving faculty and students participating in the program or unit. The self-study should be student-centred as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

4. Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

5. Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).
6. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
7. Include appropriate mechanisms, that is at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment

8. Establish the assessment cycle, which should not exceed seven years. Newly established programs or units should be assessed once fully implemented, usually at the three- to five-year mark.

9. Include provisions to review the policy periodically

The policy should be tabled with the MPHEC as the body responsible for overseeing quality assurance.

2. *Assign and distribute responsibility for the various components of the policy (deans, unit heads, committees, etc.)*
3. Define the assessment *standards* (see section *VI*).
4. Require a self-study component, involving faculty and students participating in the program or unit. The self-study should be student-centred as it would aim, in most cases, *to assess the student experience and, in the case of academic programs, to assess the quality of learning and teaching.* The self-study should be structured according to the defined assessment criteria, *and be both descriptive and analytical.* When and where appropriate, the results of accreditation processes may be included, and/or substituted for this component, or a portion thereof; *however, accreditation processes cannot and should not replace the entire institutional assessment process.*
5. *Require* an external review component, *with a sufficiently comprehensive site visit and written report,* carried out by at least two experts external to the institution, with at least one coming from outside Atlantic Canada. *The external reviewers' team should also include a senior faculty member from the institution to assist the external reviewers in the process and provide clarifications on the institution's context.* As appropriate, the results of accreditation may be included, and/or substituted for this component, or a portion thereof; *however, accreditation processes cannot and should not replace the entire institutional assessment process.*
6. *Enable the participation of students through: membership on committees dealing with program review and quality assurance; participation in surveys designed to collect data on a number of student and graduate outcomes; and mandatory student course evaluations.*
7. Incorporate the participation of faculty not directly involved in the reviewed program (or discipline or unit).
8. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.
9. *Define the follow-up mechanisms, which, at a minimum, should include the procedures, areas of responsibility and expected timelines, along with provisions for follow-up monitoring of progress (usually involving the Senate).*
10. Establish the assessment cycle *and related schedule* which should not exceed five to seven years.
11. *Assess newly established programs or units after the first cohort has graduated.*
12. *Document the normal timeline for individual reviews, from the preparation of the self-study through to Senate approval of recommendations, normally 12 to 16 months.*
13. *Include a communication strategy to inform the university community (students, faculty, staff, etc.) and the general public about a university's quality assurance policy as well as significant changes brought about by quality assurance activities. The communication strategy should include activities to inform faculty, staff and heads of units about the policy, its objectives, assessment criteria, and follow-up processes.*
14. Define the provisions to review the policy periodically, normally at the end of each cycle. *The report resulting from the periodic review of the policy should be tabled with the Senate.*

The *institution's* policy should be tabled with the MPHEC as the body responsible for overseeing quality assurance.

* Significant proposed changes are in *red italics*

V. KEY ASSESSMENT CRITERIA

The assessment procedures and criteria should be student-centred, and reflect institutional mission and values. The assessment criteria should be comprehensive (i.e., to include all programs and units) and address the following elements:

1. Assess intended and delivered curriculum;
2. Review teaching practices;
3. Clarify the expected outcomes for students;
4. Examine the degree to which those outcomes are realized;
5. Evaluate the appropriateness of support provided to students;
6. Appraise the research carried out by the academic unit or by faculty involved in the reviewed program;
7. Value the contribution of the unit or program to other aspects of the institutional mission (community service, for example); and
8. Value the contribution of the unit or program to the larger community or society in general.

VI. PROGRAM OR UNIT ASSESSMENT STANDARDS

The assessment standards should be published in the institutional quality assurance policy; they should have a strong focus on students and reflect institutional mission and values. The assessment standards should be comprehensive in their range and in their use across all programs and units.

In the case of academic units and programs, **the following standards should at a minimum be identified in the policy:**

1. *The continuing appropriateness of the program's structure, method of delivery and curriculum for the program's educational goals and the degree level expectations;*
2. *The achievement by students and graduates of the learning outcomes in light of the program's stated goals, the degree level expectations, and, where relevant, the standards of any relevant regulatory, accrediting or professional body;*
3. *The continuing appropriateness and effectiveness of the methods used for the evaluation of student progress and achievement in light of the degree level expectations;*
4. *The capacity of the faculty and staff to deliver the program and the quality of education necessary for the students to achieve the stated learning outcomes, and to meet the demands of the existing and anticipated student enrolments;*
5. *The continuing performance of the faculty, including the quality of teaching and supervision, and their continuing progress and achievement in research, scholarship or creative activity, and professional activity in light of the program under review;*
6. *The appropriateness of the support provided to the learning environment, including but not limited to library and learning resources;*
7. *The effectiveness and appropriateness of the use made of the existing human, physical, technological and financial resources;*
8. *The continuing appropriateness of the academic policies (including admission, promotion and graduation requirements; requests for transfer credit and advanced standing; and appeals) and of the governing and decision-making structures of the academic unit; and*
9. *The definition of indicators that provide evidence of quality, including, where appropriate, graduation rates, time-to-completion of degree(s), graduate employment rates, student satisfaction level, and employer satisfaction level.*

The great diversity of non-academic units and programs makes it much more difficult to offer a similar prescription of assessment standards. However, the following standards at a minimum should appear in the policy:

1. *The continuing appropriateness and effectiveness of the service or support provided to the academic programs, students and faculty;*

*** Significant proposed changes are in *red italics***

2. *The capacity of the unit or program to deliver the service or support which its mandate defines;*
3. *The effectiveness and appropriateness of the use made of the existing human, physical, technological and financial resources; and*
4. *The contribution of the unit or program to other aspects of the institution's mission and to the student experience.*

APPENDICES TO THE POLICY

Standardization and documentation of processes and procedures support two goals: a common and transparent process and shorter timelines. To this end, institutions should make available the following templates and standards, usually as appendices to the Policy:

GUIDELINES FOR THE PREPARATION OF THE SELF-STUDY

GENERIC TERMS OF REFERENCE FOR EXTERNAL REVIEWERS

COMMON STUDENT COURSE EVALUATION FORM

TERMS OF REFERENCE FOR RELEVANT COMMITTEE(S)

GUIDELINES FOR THE REVIEW OF PROGRAMS THAT ARE ALSO SUBJECT TO ACCREDITATION